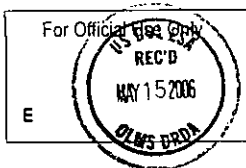


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>6236</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2005</b> Through: <b>12</b> / <b>31</b> / <b>2005</b>
3. Name and address of person filing. Name <b>David</b> <b>J</b> <b>Donato</b>  P.O. Box, Bldg., Room No., if any  Street <b>230 East Loyal Hanna Street</b>  City <b>Ligonier</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>15658</b>	4. Name, file number, and address of labor organization. Name <b>Plumbers &amp; Pipe Fitters Local 354</b>  Labor Organization File Number <b>070-019</b>  P.O. Box, Building and Room Number, if any  Street <b>Po Drawer I</b>  City <b>Youngwood</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>15697</b>
5. Position in labor organization. <b>Business Manager</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.          

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*David J. Donato*

On

**5/08/2006**

Date

**724/925-7238**

Telephone Number

Name of Person Filing David Donato

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wachovia Securites LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 100 Pasquerilla Plaza

City Johnstown

State Pennsylvania

ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Attended several update and informational meetings concerning investment strategies and (2) golf outings with dinner and also received a christmas gift

11.b. Approximate dollar value of such dealing.

\$1,188

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

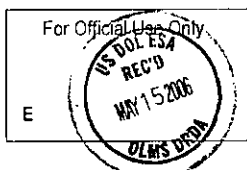
14.b. Amount of payment.

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0168  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>6236</b>	2. Fiscal Year Covered From: <div>1 / 1 / 2005 Through: 12 / 31 / 2005</div>
3. Name and address of person filing. Name <b>David J Donato</b>  P.O. Box, Bldg., Room No., if any  Street <b>230 East Loyal Hanna Street</b>  City <b>Ligonier</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>15658</b>	4. Name, file number, and address of labor organization. Name <b>Plumbers &amp; Pipe Fitters Local 354</b>  Labor Organization File Number <b>070-019</b>  P.O. Box, Building and Room Number, if any  Street <b>Po Drawer I</b>  City <b>Youngwood</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>15697</b>
5. Position in labor organization. <b>Business Manager</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.          

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*David J Donato*

On

5/08/2006

Date

724/925-7238

Telephone Number

Name of Person Filing David Donato

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Highmark

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 120 Fifth Avenue

City Pittsburgh

State Pennsylvania

ZIP Code + 4 15222

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Meeting to educate attendees on current issues of importance to Highmark and customers, and golf outings

11.b. Approximate dollar value of such dealing.

\$442

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>6736</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2005</b> Through: <b>12</b> / <b>31</b> / <b>2005</b>
3. Name and address of person filing. Name <b>David</b> <b>J</b> <b>Donato</b>  P.O. Box, Bldg., Room No., if any  Street <b>230 East Loyal Hanna Street</b>  City <b>Ligonier</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>15658</b>	4. Name, file number, and address of labor organization. Name <b>Plumbers &amp; Pipe Fitters Local 354</b>  Labor Organization File Number <b>070-019</b>  P.O. Box, Building and Room Number, if any  Street <b>Po Drawer I</b>  City <b>Youngwood</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>15697</b>
5. Position in labor organization. <b>Business Manager</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.          

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

**5/08/2006**

Date

**724/925-7238**

Telephone Number

Name of Person Filing David Donato

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Ameriserv Financial

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 216 Franklin Street

City Johnstown

State Pennsylvania ZIP Code + 4 15907

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Attended (2) golf outings and dinner to further the use of AFL-CIO Buildings and Construction Trades Labor & Construction Projects and to discuss further plans and events for the Cambria-Somerset Labor Management Council.

11.b. Approximate dollar value of such dealing. \$640

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number "U" - <b>6236</b>	2. Fiscal Year Covered From: <div>1 / 1 / 2005 Through: 12 / 31 / 2005</div>
3. Name and address of person filing. Name <b>David J Donato</b>  P.O. Box, Bldg., Room No., if any  Street <b>230 East Loyal Hanna Street</b>  City <b>Ligonier</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>15658</b>	4. Name, file number, and address of labor organization. Name <b>Plumbers &amp; Pipe Fitters Local 354</b>  Labor Organization File Number <b>070-019</b>  P.O. Box, Building and Room Number, if any  Street <b>Po Drawer I</b>  City <b>Youngwood</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>15697</b>
5. Position in labor organization. <b>Business Manager</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.          

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

5/08/2006

Date

724/925-7238

Telephone Number

Name of Person Filing David Donato

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Yanni Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 310 Grant Street

City Pittsburgh

State Pennsylvania

ZIP Code + 4 15222

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Update meetings concerning investment strategies and also complimentary tickets to Pittsburgh Steeler Game.

11.b. Approximate dollar value of such dealing.

\$611

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.